

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATING SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

04158229

FILING DATE

APPLICANT(S)  
09/520294

CLAIMS

--	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		--
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
5			11				
6							
7					1		
8							
9					1		
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40			11				
41					11		
42					11		
43					11		
44					11		
45					11		
46					11		
47					11		
48					11		
49					11		
50					11		
TOTAL IND.			12				
TOTAL DEP.			38				
TOTAL CLAIMS			40				

CLAIMS	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						